FILED SEP 24 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33540

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7938

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 So. Newstead Av.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1803 So. Newstead Av.

2179 / 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jerome
b. (Middle): Lee
c. (Last): Kipfer

**4. DATE OF DEATH** (Month) (Day) (Year): 8--13--53

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 7--20--69
**9. AGE** (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Stove-molder
**10b. KIND OF BUSINESS OR INDUSTRY**: Magic Chef Stove
**11. BIRTHPLACE** (State or foreign country): New Salem Ill.
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: August Kipfer
**13b. MOTHER'S MAIDEN NAME**: Barbara John
**14. NAME OF HUSBAND OR WIFE**: Ida Kipfer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 498-09-8516
**17. INFORMANT'S SIGNATURE OR NAME**: Ida Kipfer — **ADDRESS**: 1803 So. Newstead Av.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 3/30/53
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Liver
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: 156.1
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 8/12, 1953, *to* 8/13, 1953, *that I last saw the deceased alive on* 8/13, 1953, *and that death occurred at* 4:A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Ralph Berghoff
**23b. ADDRESS**: 3203 S. Grand Blvd.
**23c. DATE SIGNED**: 8/13/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-14-53
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo

**DATE REC'D BY LOCAL REG.**: AUG 14 1953
**REGISTRAR'S SIGNATURE**: L. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: Moydell Funeral Home 1926 Allen Av.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.